

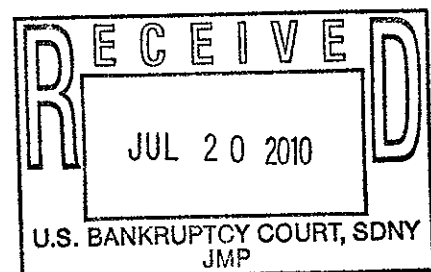
7/12/10

United States Bankruptcy Court  
Southern District of New York  
Lehman Brothers Holdings Inc, et al., Debtors  
Chapter 11, Case No. 08-13555 (JMP)  
Debtors' Twentieth Omnibus  
Objection to Claims (Duplicative of indenture claim)

I am writing today to oppose the aforementioned objection to my claim. In reality, I filed two claims for a duplicative amount. I had \$5,000 of this bond in both my non-qualified account and my IRA. I am including evidence of both positions as well as the respective proof of claims for each position. As I have only received one notice for request of expungment, I can only assume that an error was made in the recognition of both claims and request that the duplicate claim remain in force. Thank you for your consideration.

*Mathew Gulrich Jr.*

Mathew Gulrich Jr.  
2110 Businc Church Rd  
Marydel, MD. 21649  
Claim number 4697



## United States Bankruptcy Court/Southern District of New York

Pg 2 of 2

Lehman Brothers Holdings Claims Processing Center

c/o Epiq Bankruptcy Solutions, LLC

FDR Station, P.O. Box 5076

New York, NY 10150-5076

## PROOF OF CLAIM

In Re:  
Lehman Brothers Holdings Inc., et al.  
Debtors.Chapter 11  
Case No. 08-13555 (JMP)  
(Jointly Administered)

UNIQUE IDENTIFICATION NUMBER: 4000004759

Name of Debtor Against Which Claim is Held

Case No. of Debtor

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Additionally, this form should not be used to make a claim for Lehman Programs Securities (See definition on reverse side.)

## THIS SPACE IS FOR COURT USE ONLY

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Mathew Gulrich Jr.  
2110 Basic Church Rd.  
Marydel, MD. 21649-1174

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim

Number: \_\_\_\_\_

(If known)

Filed on: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name and address where payment should be sent (if different from above)

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check this box if you are the debtor or trustee in this case.

Telephone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

1. Amount of Claim as of Date Case Filed: \$ 5000

If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete Item 5.

If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9), complete Item 6.

☐ Check this box if all or part of your claim is based on a Derivative Contract.\*☐ Check this box if all or part of your claim is based on a Guarantee.\*

**\*IF YOUR CLAIM IS BASED ON AMOUNTS OWED PURSUANT TO EITHER A DERIVATIVE CONTRACT OR A GUARANTEE OF A DEBTOR, YOU MUST ALSO LOG ON TO <http://www.lehman-claims.com> AND FOLLOW THE DIRECTIONS TO COMPLETE THE APPLICABLE QUESTIONNAIRE AND UPLOAD SUPPORTING DOCUMENTATION OR YOUR CLAIM WILL BE DISALLOWED.**

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges. Attach itemized statement of interest or charges to this form or on <http://www.lehman-claims.com> if claim is based on a Derivative Contract or Guarantee.
2. Basis for Claim: Purchased bond / CD

(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor:

3a. Debtor may have scheduled account as: Acct w/ Empire Financial through First Clearing

(See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other

Describe: \_\_\_\_\_

Value of Property: \$ \_\_\_\_\_ Annual Interest Rate \_\_\_\_\_ %

Amount of arrearage and other charges as of time case filed included in secured claim, if any:

\$ \_\_\_\_\_ Basis for perfection: \_\_\_\_\_

Amount of Secured Claim: \$ \_\_\_\_\_ Amount Unsecured: \$ \_\_\_\_\_

6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9): \$ \_\_\_\_\_

(See instruction #6 on reverse side.)

7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

8. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements.

Attach redacted copies of documents providing evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are voluminous, attach a summary.

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

## FOR COURT USE ONLY

Date:

8-27-09

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Mathew Gulrich Jr. MATHEW GULRICH JR

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court/Southern District of New York**

Pg 3 of 3

Lehman Brothers Holdings Claims Processing Center  
c/o Epiq Bankruptcy Solutions, LLC  
FDR Station, P.O. Box 5076  
New York, NY 10150-5076

**PROOF OF CLAIM**

In Re:  
Lehman Brothers Holdings Inc., et al.  
Debtors.

Chapter 11  
Case No. 08-13555 (JMP)  
(Jointly Administered)

UNIQUE IDENTIFICATION NUMBER: 4000004759

Name of Debtor Against Which Claim is Held

Case No. of Debtor

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Additionally, this form should not be used to make a claim for Lehman Programs Securities (See definition on reverse side.)

**THIS SPACE IS FOR COURT USE ONLY**

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Mathew Gulrich Jr. IRA  
2110 Basic Church Rd.  
Marydel, MD. 21649-1174

Telephone number:

Email Address:

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim

Number: \_\_\_\_\_

(If known)

Filed on: \_\_\_\_\_

Name and address where payment should be sent (if different from above)

Jesup + Hanant  
2170 W. State Rd. 434 Suite 100  
Longwood, FL 32179  
Telephone number: 407-869-3337 Email Address:

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 5000

If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete Item 5.

If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9), complete Item 6.

☐ Check this box if all or part of your claim is based on a Derivative Contract.\*

☐ Check this box if all or part of your claim is based on a Guarantee.\*

**\*IF YOUR CLAIM IS BASED ON AMOUNTS OWED PURSUANT TO EITHER A DERIVATIVE CONTRACT OR A GUARANTEE OF A DEBTOR, YOU MUST ALSO LOG ON TO <http://www.lehman-claims.com> AND FOLLOW THE DIRECTIONS TO COMPLETE THE APPLICABLE QUESTIONNAIRE AND UPLOAD SUPPORTING DOCUMENTATION OR YOUR CLAIM WILL BE DISALLOWED.**

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges. Attach itemized statement of interest or charges to this form or on <http://www.lehman-claims.com> if claim is based on a Derivative Contract or Guarantee.

2. Basis for Claim: Purchased bond/co

(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: \_\_\_\_\_

3a. Debtor may have scheduled account as: Acct w/ Empire Financial through First Cleaning

(See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other

Describe: \_\_\_\_\_

Value of Property: \$ \_\_\_\_\_ Annual Interest Rate \_\_\_\_\_ %

Amount of arrearage and other charges as of time case filed included in secured claim, if any:

\$ \_\_\_\_\_ Basis for perfection: \_\_\_\_\_

Amount of Secured Claim: \$ \_\_\_\_\_ Amount Unsecured: \$ \_\_\_\_\_

6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9): \$ \_\_\_\_\_

(See instruction #6 on reverse side.)

7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

8. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. Attach redacted copies of documents providing evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are voluminous, attach a summary.

**DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.**

If the documents are not available, please explain:

Date:

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

8-27-09

Mathew Gulrich Jr. MATHEW GULRICH JR

**FOR COURT USE ONLY**

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim:

☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Wages, salaries or commissions (up to \$10,950), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).

☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

☐ Up to \$2,425 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(\_\_\_\_).

Amount entitled to priority:

\$ \_\_\_\_\_



**2170 West State Road 434**  
**Suite 100**  
**Longwood, FL 32779**  
**(407) 774-1300**

**EMPIRE FINANCIAL GROUP, INC.**

PFSI FBO MATTHEW GULRICH JR IRA  
 MATTHEW GULRICH JR

Account Information  
 Account Number: 25042904

Statement Period  
 February 1, 2009 to February 28, 2009

# Statement of Account

## Portfolio Positions

Cash & Equivalents	Symbol/ Cusip	Account Type	Quantity	Current Price	Current Value	Percent of Acct Assets	Estimated Annual Income	Estimated Current Yield
Cash		Cash			0.00			
Money Market Fund		Money Fund		1.00	0.01	100.00		0.18%
<b>Total Cash &amp; Equivalents</b>					<b>0.01</b>	<b>100.00</b>		
<b>Total Account Net Assets/Equity</b>					<b>0.01</b>	<b>100.00</b>		

Account value and totals are based only on priced securities. We may be unable to price all securities in your account. For municipal securities and some other fixed income securities, prices are approximate (not actual market bids) and are provided only as a general guide. They do not necessarily reflect actual market prices. For current prices, please contact your financial consultant.

## Account Activity

Entry/Trade Date	Account Type	Transaction	Quantity	Description	Price	Amount
02/02/09	Cash	Disbursed		OPENING BALANCE		21.90
02/17/09	Cash	Cash Dividend		DEPOSIT: MM PORTFOLIO		(21.90)
02/17/09	Cash	Withholding		PENN WEST PETROLEUM		14.82
02/18/09	Cash	Disbursed		CA7078851093 B09YWL7		(2.22)
02/24/09	Cash	Journal		PENN WEST PETROLEUM		(12.60)
02/24/09	Cash	Journal		DEPOSIT: MM PORTFOLIO		(50.00)
02/25/09	Cash	Received		ACAT TRF FEE		(20.00)
02/27/09	Cash	Journal		IRA FEE		1,718.59
02/27/09	Cash	Delivered		REDEEM: MM PORTFOLIO		(1,648.59)
02/27/09	Cash	Delivered		ACATS JOURNAL ENTRY		
02/27/09	Cash	Delivered		JPMORGAN CHASE BK N A NEW YORK		
02/27/09	Cash	Delivered		N Y FORMERLY JPMORGAN CHASE		
02/27/09	Cash	Delivered		BK NEW YORK N Y TO 1 1/13/2004		
02/27/09	Cash	Delivered		AC TRANSFER #0141		
02/27/09	Cash	Delivered		LEHMAN BROS HLDGS INC MEDIUM T		
02/27/09	Cash	Delivered		ERM NTS BOOK ENTRY FX BASKET L		
02/27/09	Cash	Delivered		INKED BRICK BULL-BEAR NOTE SER		
02/27/09	Cash	Delivered		AC TRANSFER #0141		



2 3 1



**EMPIRE FINANCIAL GROUP, INC.**

**2170 West State Road 434  
Suite 100  
Longwood, FL 32779  
(407) 774-1300**

# Statement of Account

**MATTHEW GULRICH JR**

## Account Information

Account Number: 25042870

## Statement Period

February 1, 2009 to February 28, 2009

## Account Activity

Entry/Trade Date	Account Type	Transaction	Quantity	Description	Price	Amount
02/27/09	Cash	Delivered	-10,000	JPMORGAN CHASE BK N A NEW YORK N Y FORMERLY JPMORGAN CHASE BK NEW YORK N Y TO 1 1/13/2004 A/C TRANSFER #0141		
02/27/09	Cash	Delivered	-5,000	LEHMAN BROS HLDGS INC MEDIUM T ERM NTS BOOK ENTRY FX BASKET L INKED BRICK BULL-BEAR NOTE SER A/C TRANSFER #0141		
02/27/09	Cash	Delivered	-3,000	SUNTRUST BK ATLANTA GA CTF DEP DTD 10/30/2008 ACT/365 ZERO C PN A/C TRANSFER #0141		

Total Cash Account Balance

0.00

Scudder MM Port

Entry/Trade Date	Account Type	Transaction	Quantity	Description	Price	Amount
02/02/09	Money/Fund	Received		OPENING BALANCE		858.51
02/17/09	Money/Fund	Received		DEPOSIT: MM PORTFOLIO		13.14
02/24/09	Money/Fund	Money Fund Dividends		DEPOSIT: MM PORTFOLIO		47.02
02/25/09	Money/Fund	Disbursed		REDEEM: MM PORTFOLIO		.15
						(918.82)
						0.00

Total Scudder MM Port Balance

0.00